



Maine State Harness Racing Commission
28 State House Station
Augusta, Maine 04333-0028
Phone: 207-287-3221 Fax: 207-287-7548



GROOM LICENSE APPLICATION

Applications must be printed or typed in blue or black ink. All questions must be answered.

Check the TYPE of Request:		New License		License Renewal	
Section 1. Applicant Information					
Applicant Name:			Date of Birth:		
Mail Address:					
City:		State:		Zip:	
Home Phone:		Fax:			
Work Phone:		Email:			
Gender:	Hair Color:	Eye Color:	Height:	Weight:	

Answer Y (Yes) or N (No) and provide corresponding detail where appropriate:

- ☐ 1. Have you ever been suspended or otherwise barred by any recognized racing authority and/or racetrack in the U.S. or elsewhere?
If YES, where? _____
- ☐ 2. Have you been indicted or convicted of a crime or has a criminal complaint been filed against you?
Where (State)? _____ Date: _____ Attach appropriate paperwork.

Section 2: Employer Information (to be completed by Owner or Trainer of Applicant)					
Employer Name:					
Mailing Address:		City:			
State:	Zip:	Phone:			
Fax:	Email:				

I hereby certify that _____ will be employed by me in the capacity of groom. I further certify
Applicant Name
that I hold a valid Maine _____ license(s). I understand that false statements in this certification
(Owner or Trainer)
are punishable according to law.

I hereby authorize the Maine Harness Racing Commission and its agents to investigate all aspects of this application with all appropriate agencies. I swear or affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

_____ Employer Signature	_____ Applicant Signature
_____ Date Signed	_____ Date Signed

Section 3: Fees

Check licensing fee term: ☐ \$20 for One-Year License

License fees must accompany application. Checks must be made payable to: **Treasurer, State of Maine**

NOTICE: Any false written statements made by the undersigned, with the intent to deceive a public servant in the performance of his or her official duties, may expose the undersigned to criminal liabilities under 17-A MRSA 453 1.B. (1).

OFFICE USE ONLY					
Date Received:				Check #:	
Application:	Approved	Rejected	Returned	Cash Receipt #:	
Current License:				Credit Card #:	
Comments:				Credit Type:	MC VISA
				Expiration Date:	